CHALENG 2006 Survey Results Summary

Site: El Paso VA HCS, TX - 756

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 129

2. Estimated Number of Veterans who are Chronically Homeless: 43

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 129 (estimated number of homeless veterans in service area) **x chronically homeless rate: 34 %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 4

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	588	10
Transitional Housing Beds	380	10
Permanent Housing Beds	126	60

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Long-term, permanent housing	Finalize Shelter Plus Care contractual agreement with HUD. Seek prospective applicants for available housing grants.
Immediate shelter	Work closely with available shelters and make efforts to improve living conditions. Explore alternative emergency shelters in the community. Explore grant opportunities for shelters.
Help with finding a job or getting employment	VA is expanding its Compensated Work Therapy Program. Establish a pool of employers. Prioritize homeless veterans referrals to CWT program. Educate veterans about available employment opportunities.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **65 Non-VA staff Participants: 76.8%**
Homeless/Formerly Homeless: **46.2%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.41	7.9%	3.42
Food	3.69	9.7%	3.73
Clothing	3.43	6.3%	3.59
Emergency (immediate) shelter	3.75	21.0%	3.25
Halfway house or transitional living facility	3.66	12.9%	3.02
Long-term, permanent housing	2.61	41.9%	2.46
Detoxification from substances	3.18	12.9%	3.32
Treatment for substance abuse	3.36	6.5%	3.50
Services for emotional or psychiatric problems	3.53	12.9%	3.43
Treatment for dual diagnosis	3.51	4.8%	3.25
Family counseling	3.36	3.2%	2.98
Medical services	3.68	12.9%	3.76
Women's health care	3.65	3.2%	3.25
Help with medication	3.83	0.0%	3.44
Drop-in center or day program	3.28	4.8%	2.98
AIDS/HIV testing/counseling	3.64	1.6%	3.50
TB testing	3.75	1.6%	3.68
TB treatment	3.53	0.0%	3.54
Hepatitis C testing	3.64	0.0%	3.60
Dental care	2.49	15.6%	2.64
Eye care	2.78	6.5%	2.93
Glasses	2.78	8.1%	2.92
VA disability/pension	3.33	14.5%	3.38
Welfare payments	2.98	1.6%	3.05
SSI/SSD process	3	6.5%	3.07
Guardianship (financial)	2.93	4.8%	2.83
Help managing money	3.05	1.6%	2.86
Job training	3.09	11.3%	3.09
Help with finding a job or getting employment	2.92	19.4%	3.20
Help getting needed documents or identification	3.37	1.6%	3.28
Help with transportation	3.39	11.3%	3.01
Education	3.28	12.9%	3.05
Child care	2.98	4.8%	2.47
Legal assistance	3.48	1.6%	2.78
Discharge upgrade	3.16	6.5%	3.01
Spiritual	2.89	8.1%	3.37
Re-entry services for incarcerated veterans	2.76	1.6%	2.71
Elder Healthcare	3.3	1.6%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.54	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	2.41	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.48	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.68	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.44	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.35	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.24	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.64	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.45	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.09	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.06	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.38	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.8	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	3.74	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

CHALENG 2006 Survey Results Summary

Site: VA New Mexico HCS - 501

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 860

2. Estimated Number of Veterans who are Chronically Homeless: 221

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 860 (estimated number of homeless veterans in service area) **x chronically homeless rate: 26 %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 12

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	548	250
Transitional Housing Beds	385	650
Permanent Housing Beds	652	400

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Long-term, permanent housing	We are part of a 5-agency Supported Housing Coalition of New Mexico. This coalition's focus is on creating new facilities and funding for permanent housing.
Detoxification from substances	The city of Albuquerque recently opened a detoxification Center, Metropolitan Assessment and Treatment Services (MATS). This will help us provide a larger continuum of care for veterans waiting for substance abuse treatment.
Immediate shelter	At this time, there are no plans in the community for additional shelter beds.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **9 Non-VA staff Participants: 100.0%**
Homeless/Formerly Homeless: **.0%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	2.56	0.0%	3.42
Food	3.11	12.5%	3.73
Clothing	3.25	0.0%	3.59
Emergency (immediate) shelter	2.33	25.0%	3.25
Halfway house or transitional living facility	2.22	25.0%	3.02
Long-term, permanent housing	1.78	75.0%	2.46
Detoxification from substances	2.5	37.5%	3.32
Treatment for substance abuse	2.38	12.5%	3.50
Services for emotional or psychiatric problems	2.13	12.5%	3.43
Treatment for dual diagnosis	2.33	0.0%	3.25
Family counseling	2.11	0.0%	2.98
Medical services	3.11	12.5%	3.76
Women's health care	2.56	0.0%	3.25
Help with medication	2.67	0.0%	3.44
Drop-in center or day program	2.88	0.0%	2.98
AIDS/HIV testing/counseling	2.63	0.0%	3.50
TB testing	2.71	0.0%	3.68
TB treatment	2.63	0.0%	3.54
Hepatitis C testing	3.22	0.0%	3.60
Dental care	2.33	12.5%	2.64
Eye care	2.38	25.0%	2.93
Glasses	2.38	0.0%	2.92
VA disability/pension	3.25	12.5%	3.38
Welfare payments	2.89	0.0%	3.05
SSI/SSD process	2.78	0.0%	3.07
Guardianship (financial)	2.89	0.0%	2.83
Help managing money	2.5	0.0%	2.86
Job training	2.38	0.0%	3.09
Help with finding a job or getting employment	2.44	12.5%	3.20
Help getting needed documents or identification	2.75	0.0%	3.28
Help with transportation	2.25	0.0%	3.01
Education	2.38	0.0%	3.05
Child care	1.89	12.5%	2.47
Legal assistance	2.22	0.0%	2.78
Discharge upgrade	2.56	0.0%	3.01
Spiritual	2.56	0.0%	3.37
Re-entry services for incarcerated veterans	2	12.5%	2.71
Elder Healthcare	2.11	0.0%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.22	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	3	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.89	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.89	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.67	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.67	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.11	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.89	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.67	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.44	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	4.22	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

CHALENG 2006 Survey Results Summary

Site: VA Northern Arizona HCS - 649

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 860

2. Estimated Number of Veterans who are Chronically Homeless: 290

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 860 (estimated number of homeless veterans in service area) **x chronically homeless rate: 34 %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 0

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	79	0
Transitional Housing Beds	168	20
Permanent Housing Beds	40	0

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Long-term, permanent housing	Continue to work cooperatively with new housing units that develop. Resources are limited due to its remoteness from larger metropolitan areas and the size of the community is small.
Services for emotional or psychiatric problems	We were awarded a grant to provide a peer support program for persons with mental illness, and another grant to develop a PTSD program.
Dental care	We will provide dental care to homeless veterans with funding from VHA Directive 2002-080.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **33 Non-VA staff Participants: 6.3%**
Homeless/Formerly Homeless: **54.5%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	4.07	0.0%	3.42
Food	4.29	3.3%	3.73
Clothing	4.16	0.0%	3.59
Emergency (immediate) shelter	3.6	3.3%	3.25
Halfway house or transitional living facility	3.5	10.0%	3.02
Long-term, permanent housing	2.62	33.3%	2.46
Detoxification from substances	3.11	13.3%	3.32
Treatment for substance abuse	4.21	20.0%	3.50
Services for emotional or psychiatric problems	3.83	30.0%	3.43
Treatment for dual diagnosis	3.82	10.0%	3.25
Family counseling	3.26	3.3%	2.98
Medical services	3.94	30.0%	3.76
Women's health care	3.41	0.0%	3.25
Help with medication	3.97	6.7%	3.44
Drop-in center or day program	2.65	6.7%	2.98
AIDS/HIV testing/counseling	3.64	0.0%	3.50
TB testing	4.32	3.3%	3.68
TB treatment	4.08	0.0%	3.54
Hepatitis C testing	4.23	0.0%	3.60
Dental care	2.89	23.3%	2.64
Eye care	3.07	6.7%	2.93
Glasses	3.1	13.3%	2.92
VA disability/pension	3.75	6.7%	3.38
Welfare payments	3.2	0.0%	3.05
SSI/SSD process	3.56	3.3%	3.07
Guardianship (financial)	3.2	3.3%	2.83
Help managing money	3	0.0%	2.86
Job training	3.93	3.3%	3.09
Help with finding a job or getting employment	3.78	13.3%	3.20
Help getting needed documents or identification	3.73	6.7%	3.28
Help with transportation	3.11	23.3%	3.01
Education	3.48	3.3%	3.05
Child care	2.05	0.0%	2.47
Legal assistance	2.58	6.7%	2.78
Discharge upgrade	3.56	0.0%	3.01
Spiritual	3.9	6.7%	3.37
Re-entry services for incarcerated veterans	3.29	3.3%	2.71
Elder Healthcare	3.4	3.3%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.5	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	4	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	3	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.5	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.5	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	3	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.5	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.5	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	3.5	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

CHALENG 2006 Survey Results Summary

Site: VA Southern Arizona HCS - 678

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 810

2. Estimated Number of Veterans who are Chronically Homeless: 202

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 810 (estimated number of homeless veterans in service area) **x chronically homeless rate: 25 %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 6

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	270	100
Transitional Housing Beds	440	150
Permanent Housing Beds	715	100

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Transitional living facility or halfway house	Continue to partner with community agencies, seek out new partnerships, apply for VA HUD grants to expand number of available beds.
Long-term, permanent housing	Work towards increasing our HUD Shelter Plus Care bed allocation. Continue to pursue long-term housing options through participation in local homeless planning council meetings.
Dental care	Continue dialogue with VA Dental Services towards goal of increasing access for our veterans. Pursue new informal agreements with community providers.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **35 Non-VA staff Participants: 65.7%**
Homeless/Formerly Homeless: **11.4%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.57	0.0%	3.42
Food	3.76	6.5%	3.73
Clothing	3.62	3.2%	3.59
Emergency (immediate) shelter	3.09	16.1%	3.25
Halfway house or transitional living facility	3.2	22.6%	3.02
Long-term, permanent housing	2.62	51.6%	2.46
Detoxification from substances	3.43	12.9%	3.32
Treatment for substance abuse	3.51	12.9%	3.50
Services for emotional or psychiatric problems	3.49	16.1%	3.43
Treatment for dual diagnosis	3.56	3.2%	3.25
Family counseling	3.26	0.0%	2.98
Medical services	3.71	3.2%	3.76
Women's health care	3.24	0.0%	3.25
Help with medication	3.24	0.0%	3.44
Drop-in center or day program	2.82	6.5%	2.98
AIDS/HIV testing/counseling	3.61	0.0%	3.50
TB testing	3.85	0.0%	3.68
TB treatment	3.55	0.0%	3.54
Hepatitis C testing	3.8	0.0%	3.60
Dental care	1.79	41.9%	2.64
Eye care	2.46	16.1%	2.93
Glasses	2.63	3.2%	2.92
VA disability/pension	3.44	3.2%	3.38
Welfare payments	3.19	3.2%	3.05
SSI/SSD process	2.94	6.5%	3.07
Guardianship (financial)	3.03	0.0%	2.83
Help managing money	2.94	6.5%	2.86
Job training	3.19	9.7%	3.09
Help with finding a job or getting employment	3.29	0.0%	3.20
Help getting needed documents or identification	2.97	3.2%	3.28
Help with transportation	2.7	6.5%	3.01
Education	2.88	0.0%	3.05
Child care	2.55	3.2%	2.47
Legal assistance	2.38	9.7%	2.78
Discharge upgrade	2.84	3.2%	3.01
Spiritual	3.25	0.0%	3.37
Re-entry services for incarcerated veterans	2.7	12.9%	2.71
Elder Healthcare	3.03	6.5%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.29	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	1.67	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.86	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.67	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.7	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.24	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.8	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.81	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.24	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.81	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.75	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.95	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.43	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	3.3	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

CHALENG 2006 Survey Results Summary

Site: VAMC Amarillo, TX - 504

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 100

2. Estimated Number of Veterans who are Chronically Homeless: (not available)

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 100 (estimated number of homeless veterans in service area) **x chronically homeless rate: (not available) %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 10

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	509	0
Transitional Housing Beds	75	0
Permanent Housing Beds	82	312

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Detoxification from substances	Working with Amarillo Coalition for the Homeless and Continuum of Care Committee. We will continue to seek providers and funding for outpatient detoxification and expand our contracted capacity for inpatient detoxification services.
Treatment for substance abuse	We will continue to seek funding to expand services for our veterans. We were able to obtain $800,000 which funded ten additional positions and expanded three programs. We will focus this coming year on capacity gaps in outlying VA Community Based Outpatient Clinics.
Job training	We will seek funding for job training and placement in collaboration with our community providers.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **17 Non-VA staff Participants: 76.5%**
Homeless/Formerly Homeless: **5.9%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.47	5.9%	3.42
Food	4.24	5.9%	3.73
Clothing	4.13	0.0%	3.59
Emergency (immediate) shelter	3.47	5.9%	3.25
Halfway house or transitional living facility	2.88	29.4%	3.02
Long-term, permanent housing	2.07	11.8%	2.46
Detoxification from substances	2.12	47.1%	3.32
Treatment for substance abuse	2.29	47.1%	3.50
Services for emotional or psychiatric problems	3.06	11.8%	3.43
Treatment for dual diagnosis	2.13	11.8%	3.25
Family counseling	2.5	11.8%	2.98
Medical services	3.31	5.9%	3.76
Women's health care	3.47	5.9%	3.25
Help with medication	2.94	5.9%	3.44
Drop-in center or day program	3.75	5.9%	2.98
AIDS/HIV testing/counseling	3.29	0.0%	3.50
TB testing	3.47	0.0%	3.68
TB treatment	3.18	0.0%	3.54
Hepatitis C testing	3.47	0.0%	3.60
Dental care	2	5.9%	2.64
Eye care	2.35	5.9%	2.93
Glasses	2.65	0.0%	2.92
VA disability/pension	3.24	0.0%	3.38
Welfare payments	2.88	5.9%	3.05
SSI/SSD process	2.94	0.0%	3.07
Guardianship (financial)	2	0.0%	2.83
Help managing money	2.35	0.0%	2.86
Job training	2.53	23.5%	3.09
Help with finding a job or getting employment	2.65	11.8%	3.20
Help getting needed documents or identification	2.41	0.0%	3.28
Help with transportation	2.35	11.8%	3.01
Education	2.59	11.8%	3.05
Child care	2.56	0.0%	2.47
Legal assistance	2.94	5.9%	2.78
Discharge upgrade	2.63	0.0%	3.01
Spiritual	3.71	0.0%	3.37
Re-entry services for incarcerated veterans	2.41	0.0%	2.71
Elder Healthcare	3.19	0.0%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.08	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	1.38	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.38	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.54	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.38	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.15	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.08	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.46	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.38	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.15	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.15	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.54	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.54	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	3.54	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

CHALENG 2006 Survey Results Summary

Site: VA West Texas HCS - 519

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 1545

2. Estimated Number of Veterans who are Chronically Homeless: 129

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 1545 (estimated number of homeless veterans in service area) **x chronically homeless rate: 8 %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 12

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	12	25
Transitional Housing Beds	0	80
Permanent Housing Beds	0	12

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Immediate shelter	Continue to search for contract with homeless shelter.
Transitional living facility or halfway house	Assist nonprofit organizations with statistics and other information to help them apply for VA and other grants for transitional housing.
Help with finding a job or getting employment	Deal more closely with Texas Work Force Center and Texas Rehabilitation, and attend as many job fairs as possible.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **26 Non-VA staff Participants: 53.8%**
Homeless/Formerly Homeless: **7.7%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.4	9.1%	3.42
Food	3.88	13.6%	3.73
Clothing	4.19	9.1%	3.59
Emergency (immediate) shelter	3.48	21.7%	3.25
Halfway house or transitional living facility	3.24	43.5%	3.02
Long-term, permanent housing	3.4	27.3%	2.46
Detoxification from substances	3.35	9.1%	3.32
Treatment for substance abuse	3.62	18.2%	3.50
Services for emotional or psychiatric problems	3.69	13.6%	3.43
Treatment for dual diagnosis	3.46	9.1%	3.25
Family counseling	3.42	4.5%	2.98
Medical services	4.08	9.1%	3.76
Women's health care	3.46	0.0%	3.25
Help with medication	3.92	0.0%	3.44
Drop-in center or day program	2.84	4.5%	2.98
AIDS/HIV testing/counseling	3.56	0.0%	3.50
TB testing	3.84	0.0%	3.68
TB treatment	3.64	0.0%	3.54
Hepatitis C testing	3.92	4.5%	3.60
Dental care	3.17	0.0%	2.64
Eye care	3.76	0.0%	2.93
Glasses	3.76	0.0%	2.92
VA disability/pension	4	13.6%	3.38
Welfare payments	3.25	0.0%	3.05
SSI/SSD process	3.67	9.1%	3.07
Guardianship (financial)	3.29	4.5%	2.83
Help managing money	3.21	4.5%	2.86
Job training	3.38	4.5%	3.09
Help with finding a job or getting employment	3.33	22.7%	3.20
Help getting needed documents or identification	3.92	0.0%	3.28
Help with transportation	3.67	13.0%	3.01
Education	3.38	13.6%	3.05
Child care	2.7	4.5%	2.47
Legal assistance	3.04	0.0%	2.78
Discharge upgrade	3.08	0.0%	3.01
Spiritual	4.08	4.5%	3.37
Re-entry services for incarcerated veterans	2.92	4.5%	2.71
Elder Healthcare	4.04	9.1%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.08	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	1.42	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.67	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.17	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.42	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.5	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.58	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.75	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.67	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.5	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.5	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.58	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.08	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	4.17	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

CHALENG 2006 Survey Results Summary

Site: VAMC Phoenix, AZ - 644

Note: CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless veterans themselves. Data was collected in summer/fall of 2006.

A. Homeless Veteran Estimates (CHALENG Point of Contact Survey):

1. Estimated Number of Homeless Veterans: 2300

2. Estimated Number of Veterans who are Chronically Homeless: 735

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

> A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf).

We used the following formula to obtain this number:

> 2300 (estimated number of homeless veterans in service area) **x chronically homeless rate: 32 %** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder). (Note: # of homeless veterans in the service area comes from 2006 CHALENG POC survey. "Chronically homeless rate" comes from FY 2006 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. [Special thanks to Dr. Wes Kasprow, NEPEC investigator for providing this data.])

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Families, Housing, and Action Plans (CHALENG Point of Contact Survey)

1. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2006 by local VA homeless program: 10

2. Housing Inventory

Housing Inventory	Beds*	# of additional beds site could use
Emergency Beds	537	200
Transitional Housing Beds	129	100
Permanent Housing Beds	12	200

***These are the number of beds that veterans can access, including both veteran-specific and non-veteran specific.**

3. CHALENG Point of Contact Action Plan for FY 2007*

Long-term, permanent housing	Identify all HUD subsidized programs, including working through the Regional Behavioral Health Association for housing services. Continue to work with the Arizona Coalition to End Homelessness and programs like Good Shepherd to place veterans into long-term, housing. Monitor U.S. Vets in their process to establish 12-bed facility.
Transitional living facility or halfway house	Continue to collaborate with Society of St. Vincent De Paul's Ozanam Manor transitional shelter. Identify halfway programs that will collaborate in housing veterans. Help establish an integrated mental health service approach at VA involving substance abuse treatment and domiciliary resources.
Dental care	Establish memorandum of understanding with Central Arizona Shelter Services Dental Clinic to serve our homeless veteran population.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2007.**

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: **48 Non-VA staff Participants: 58.7%**
Homeless/Formerly Homeless: **50.0%**

1. Needs Ranking (1=Need Unmet .... 5= Need Met)

Need	Site Mean Score	% want to work on this need now*	VHA Mean Score (nationwide)**
Personal hygiene	3.85	2.1%	3.42
Food	3.94	6.3%	3.73
Clothing	3.92	4.2%	3.59
Emergency (immediate) shelter	3.71	14.6%	3.25
Halfway house or transitional living facility	3.63	14.6%	3.02
Long-term, permanent housing	2.47	43.8%	2.46
Detoxification from substances	3.29	4.2%	3.32
Treatment for substance abuse	3.81	8.3%	3.50
Services for emotional or psychiatric problems	3.72	6.3%	3.43
Treatment for dual diagnosis	3.64	4.2%	3.25
Family counseling	3.04	2.1%	2.98
Medical services	4.06	8.3%	3.76
Women's health care	3.31	4.2%	3.25
Help with medication	3.7	0.0%	3.44
Drop-in center or day program	2.91	2.1%	2.98
AIDS/HIV testing/counseling	3.5	2.1%	3.50
TB testing	4.08	0.0%	3.68
TB treatment	3.72	0.0%	3.54
Hepatitis C testing	3.69	2.1%	3.60
Dental care	1.96	31.3%	2.64
Eye care	2.36	16.7%	2.93
Glasses	2.2	22.9%	2.92
VA disability/pension	2.81	12.5%	3.38
Welfare payments	2.43	0.0%	3.05
SSI/SSD process	2.59	2.1%	3.07
Guardianship (financial)	2.54	4.2%	2.83
Help managing money	3.17	2.1%	2.86
Job training	3.54	14.6%	3.09
Help with finding a job or getting employment	3.72	14.6%	3.20
Help getting needed documents or identification	3.57	4.2%	3.28
Help with transportation	3.4	10.4%	3.01
Education	3.13	8.3%	3.05
Child care	2.13	8.3%	2.47
Legal assistance	2.94	4.2%	2.78
Discharge upgrade	3.11	0.0%	3.01
Spiritual	3	4.2%	3.37
Re-entry services for incarcerated veterans	2.6	10.4%	2.71
Elder Healthcare	3	0.0%	3.07

*** % of site participants who identified this need as one of the top three they would like to work on now. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=4,578).**

2. Level of Collaboration Activities Between VA and Community*

Implementation Scale 1 = None, no steps taken to initiate implementation of the strategy. **2 = Low**, in planning and/or initial minor steps taken. **3 = Moderate**, significant steps taken but full implementation not achieved. **4 = High**, strategy fully implemented.	**Site Mean Score**	**VHA (nationwide) Mean Score****
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.7	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	2.19	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.11	1.94
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.78	2.26
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.3	1.69
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.26	1.66
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.56	1.80
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.78	2.16
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.7	1.97
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.52	1.64
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.11	1.68
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.27	1.89

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**

3. VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	**Site Mean Score**	**VHA (nationwide) Mean Score****
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.7	3.58
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency	3.81	3.58

***Scores of non-VA community agency representatives only. **VHA: Veterans Healthcare Administration (138 reporting POC sites, n=3,055).**